

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH				State File No. <u>166</u>	
County <u>Maricopa</u>		State <u>Arizona</u>		Registered No. <u>905</u>	
District or Township		or Village <u>Peoria</u>		or	
City <u>Phoenix</u>		No. <u>1414 E</u> St. <u>Washington</u>		Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Apolonia Ortiz De Moreno</u>					
(a) Residence, No. <u>Peoria</u> St. <u></u> Ward <u></u>					
(Usual place of abode) (If non-resident, give city or town and State)					
Length of residence in city or town where death occurred yrs. <u>19</u> mos. <u>19</u> ds. How long in U. S. if of foreign birth? <u>25</u> yrs. <u></u> mos. <u></u> ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
<u>Female</u>	<u>Mexican</u>	<u>Married</u>			
5a. If married, widowed, or divorced					
HUSBAND of					
(or) WIFE of <u>Jesus M. Moreno</u>					
6. DATE OF BIRTH (month, day and year) <u>April 1877</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.	
<u>50</u>					
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>At Home</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>					
10. NAME OF FATHER <u>Ortiz</u>					
11. BIRTHPLACE OF FATHER (State or country) <u>Mexico</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Orosco</u>					
13. BIRTHPLACE OF MOTHER (State or country) <u>Mexico</u> (city or town)					
14. Informant <u>Jesus M. Moreno</u>					
(Address) <u>Peoria Arizona</u>					
15. Filed <u>4-10-27</u> <u>[Signature]</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>April 8th</u> 19 <u>27</u>					
Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>Mar 27</u> 19 <u>27</u> to <u>Apr 8</u> 19 <u>27</u>					
that I last saw him alive on <u>Apr 8</u> 19 <u>27</u>					
and that death occurred, on the date stated above, at <u>8 A</u> M.					
The CAUSE OF DEATH* was as follows:					
<u>Myocardial Infarction</u>					
CONTRIBUTORY (Secondary) <u>Arteriosclerosis</u>					
(duration) yrs. <u></u> mos. <u></u> ds.					
18. Where was disease contracted					
If not at place of death?					
Did an operation precede death? <u>No</u> Date of					
Was there an autopsy? <u>No</u>					
What test confirmed diagnosis? <u>[Signature]</u>					
(Signed) <u>[Signature]</u> M. D.					
* State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).					
19. PLACE OF BURIAL, CREMATION OR REMOVAL					
DATE OF BURIAL					
<u>St Francis Cemetery</u> <u>April 9, 1927</u>					
20. UNDERTAKER					
ADDRESS					
<u>ACTON-MANSFIELD CO,</u>					
<u>334 W. MONROE ST.</u>					